

(Date)

(Name)

(Address)

(Address)

Via **(Hand Delivery, certified mail, first class mail)**

Re: Request for **(whatever accommodation was requested)**

Dear **(Name)**,

We have received your request for an accommodation under the Americans with Disabilities Act of 1990 (ADA). Based upon the information received **(from your medical provider)**, the information is insufficient to conclude that you are a qualified individual under the ADA. Please answer each question completely the attached form and return it to me as soon as possible.

(Select which paragraph below is applicable)

1. Specifically, there is insufficient information to conclude that you are substantially limited in the major life activity of **(ie: walking)**. As discussed, further detailed information is necessary regarding your functional limitations **(the severity, duration, distance, frequency, specific difficulties and risks)**.

2. Please be aware that **(whatever accommodation they requested)** generally is not considered a reasonable accommodation under the ADA. Please contact me and your healthcare provider to determine if there are other accommodations that may assist you in **(whatever they claim they cannot do)**.

Therefore, at this time we are unable to provide (specific requested accommodation) under the ADA. In an effort to continue the interactive process, we are happy to consider any additional information you wish to provide.

(Use the paragraph below only if some type of modification or productivity tool will be issued)

While an accommodation under the ADA cannot be made at this time, we have determined that **(whatever can be done. Do not call it an accommodation. Say temporary modification, temporary arrangement, productivity tool. Give any restrictions or time limits involved)**

Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

(Name)

(Title)

(Agency)

(Address 1)

(Address 2)

(Phone)

(Fax)

(E-mail)